

"OVER THE HILLS TO THE POOR HOUSE"

The exposé of "Poor House" conditions, based on the recent study of the Federal Department of Labor, with some sixteen other organizations co-operating, has stunned people from one end of our country to the other, and well it might. Newspapers have featured the findings in news columns and editorials and review magazines have given much space to the high lights of the report.

The report is of the type which a few years ago would have been classed as muck-raking. Perhaps it is, but when there is nothing to rake but muck its stirring up may be the only method of securing improvement in an intolerable condition.

One of these days someone will study the situation and make a similar report about county hospitals, too many of which are but glorified—or unglorified—poor farms. In fact, so closely blended are these government agencies that it is difficult to understand how the hospitals escaped the investigator who made the recent report of a situation that smells to heaven.

Mr. Harry C. Evans, who did the investigating, thus sums up his charges against present poor-farm methods:

"1. The inhumane practice of setting up a special place or building and labeling it, to which the unfortunate, intelligent poor must go or starve.

"2. The poor-farms and their helpless inmates are a part of the political spoils of the community. The superintendent, manager, or overseer of the poor, is usually appointed because he is influential in politics, or because he will take the job for less pay than any one else, and not because of his special fitness for the work.

"3. The practice of sending hospital cases, the feeble-minded, the insane, the deaf and dumb, the blind, to poor-farms.

"4. The practice of sending paupers to convict camps.

"5. The practice of sentencing criminals to poor-farms.

"6. The practice of sending children to poor-farms.

"7. The lack of intelligent records showing cost of maintenance, value and disposition of crops, conditions of buildings, necessary additions, repairs and improvements, farm and building statistics, mental and physical conditions and case history of inmates.

"8. The maintenance of poor-farms that are dangerous fire-traps.

"9. The maintenance of poor-farms that are unsanitary and filthy.

"10. The gross neglect of inmates.

"11. The release of feeble-minded and contaminating, diseased inmates, and those having hereditary diseases, without record of their past or control of their future.

"12. The contract system under which the keep of paupers is let to the lowest bidder.

"13. The expensive practice of maintaining scores of poor-farms in a state when one would render more efficient, more economical, more scientific service."

In all this mess of depressing and even revolting

details many editors emphasize the tragedy of placing children in such environment.

"In 1922 more than 6000 children were admitted to the poor-farms of the United States—3094 boys and 3131 girls. In every ten years 60,000 children, according to Mr. Evans, are sent to poor-farms, where the contacts are in nearly all cases demoralizing:

"What these children need are homes, not institutions; doctors and nurses, not caretakers; personal attention, not attention en masse; the personal touch and care of men and women, rather than the mechanical authority of an institution or the state."

Many of these children need, in addition to homes, hospital facilities where doctors and nurses may serve effectively. Obviously, counties should provide these facilities or stand the cost of their purchase from those who have them to sell. It is to meet just this condition that the Federated Women's Clubs of California, under the leadership of their president, Dr. Mariana Bertola, are making the campaign for a children's department in every county hospital for the care of children who need care and whose parents are unable to purchase it "at the market."

This is child welfare at its best. It is well enough to complain that many of the defects and infirmities of children are preventable and to take steps calculated to make prevention effective at some future date, but in the meantime why not take care of the thousands of children who need expert medical care now in a hospital and who are unable to pay for it? Doctors and nurses realize the futility of much medical care given in clinics and even in doctors' offices, because enough hospital beds in worthy institutions are not available for the poor, particularly in less congested communities.

We are glad to see that a children's department in each of the thirty-odd county hospitals of California, with adequate facilities and personnel to serve the financially, physically and mentally crippled, is to be a major activity of the women's clubs for at least another year, truly a Herculean task, and it may be necessary to do some plain speaking before it is accomplished.

WHO'S WHO IN THE M. O. R. C.

The first edition of the Directory of Medical Department Reserve Officers of the Ninth Corps Area, embracing California, Nevada, Utah, Washington, Oregon, Montana, Idaho, Wyoming, Alaska, has been issued by Colonel E. L. Munson, Corps Area Surgeon. The directory contains the names, addresses, rank, and detail of 1216 medical officers and 94 dental, veterinary, and other officers assigned to medical units. It shows the extent to which the movement has already developed, and its roster of names discloses the high class of men who have enrolled for patriotic service in any national emergency, and thus constitutes a Who's Who that reflects credit on the physicians of the west.

There are still several hundred vacancies in this service, which indicates that many doctors in active life have not availed themselves of the opportunity to align themselves with a patriotic public service which at the same time has far-reaching personal values.